

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-61-020298

FILED JUL 11 1961

Registration District No. 13 Primary Registration District No. 3003 STATE FILE NUMBER Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Barry 0055</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Monett 0550</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>96 Elsie's Nursing Home 5 yrs.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Route 1, Monett</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Young, E. Costley</u>			4. DATE OF DEATH Month Day Year <u>June 6, 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 30, 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Monett, Mo.</u>
12a. FATHER'S NAME <u>John Costley</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Lela Costley (dec'd)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>4201</u>	17. INFORMANT <u>E. M. Costley, Monett, Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cornary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>yes -</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2-6-50</u> to <u>6-6-61</u> and last saw her/him alive on <u>6-2-61</u> Death occurred at <u>5 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) <u>Maupher MD</u>		22b. ADDRESS <u>Monett Mo.</u>	22c. DATE SIGNED <u>6-7-61</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>June 8, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>	23d. LOCATION (City, town, or county) (State) <u>Northeast of Monett Mo</u>
24. FUNERAL DIRECTOR <u>Bennett - Warmington, Monett Mo.</u> ADDRESS		25. DATE RECD. BY LOGAL REG. <u>7-10-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs P. N. Cook</u>

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

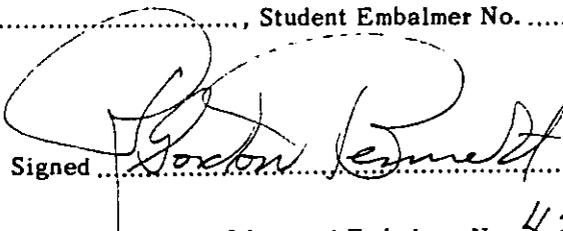
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

2-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4213 \_\_\_\_\_

P. O. Address. Month, Mi \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.